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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	Septembe	September 4, 2003	
		First Named Inventor	Kimmo LA	AAKKONEN	
		Art Unit	2152		
		Examiner Name	Brian WH	IPPLE	
	Pages in This Submission		Attorney Docket Number	915-006.0)21
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✓ Fee Tran	smittal Form	📙 ,	Drawing(s)		After Allowance Communication to
✓ F	ee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
Amendme	ent/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
		Petition to Convert to a Provisional Application		Proprietary Information	
		Power of Attorney, Revocation		Status Letter	
		Change of Correspondence Address			
Extension	of Time Request		Terminal Disclaimer		below): Petition for Revival of an Application for
Express Abandonment Request F		Request for Refund	Patent Aba		
Information Disclosure Statement		D, Number of CD(s)		CFR 1.137(b)	
		[Landscape Table on Cl	D	
Certified Copy of Priority Document(s)		rks	-	•	
Incomple R	Missing Parts/ te Application eply to Missing Parts nder 37 CFR 1.52 or 1.53				
	SIGNA	TURE C	OF APPLICANT, ATTO	RNEY, (OR AGENT
Firm Name	Ware, Fressola, Van Der	Sluys & A	dolphson LLP		
Signature	Tancon	~			
Printed name	Keith R. Obert				
Date	September 9, 2009			Reg. No.	58,051

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Cathy Sturmer

Typed or printed name

Date

September 9, 2009

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/656,886 Application Number RANSMIT Filing Date September 4, 2003 For FY 2009 Kimmo LAAKKONEN First Named Inventor **Examiner Name Brian WHIPPLE** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2152 TOTAL AMOUNT OF PAYMENT 1620.00 915-006.021 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card L Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 23-0442 Deposit Account Name: Ware, Fressola et al For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 140 220 100 70 Design 110 50 220 330 170 Plant 110 165 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 n 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 195 Multiple dependent claims 390 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee Paid (\$) - 20 or HP = <u>Fee (\$)</u> HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or	
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each a	dditional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)	Fee Paid (\$)
- 100 = / 50 = (round up to a whole number) x =	
I. OTHER FEE(S)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	

Other (e.g., late filing surcharge): Petition fee under 37 CFR 1.17(m) (\$1620.00)

Fees Paid (\$)
1620.00

Signature

Registration No. (Attorney/Agent)

Registration No. (Attorney/Agent)

Registration No. (Attorney/Agent)

Date September 9, 2009

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